

BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/117,214</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		13					54						
5		13					55						
6		⊕1					56						
7		1⊕					57						
8		⊕1					58						
9		1⊕					59						
10		⊕1					60						
11		1⊕					61						
12	1						62						
13		⊕1					63						
14		1⊕					64						
15		⊕1					65						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	13	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	15						TOTAL CLAIMS						